



NEW MEMBER INTRODUCED BY
(Please print your name here)

**9502 COMPUTER DRIVE, STE 111
SAN ANTONIO, TX 78229**
PH: (210) 692-3100
FAX: (210) 692-3101
WWW.ACSRTX.COM

OFFICE USE ONLY
ACSR # _____
DATE: _____

**A.C.S.R.
MEMBERSHIP APPLICATION**

(Please submit separate application for each store)
(PLEASE PRINT IN CAPITAL LETTERS)

ADMISSION FEE \$100.00 PER STORE (Currently Waived)
ANNUAL MEMBERSHIP FEE \$300.00 PER STORE (Membership Fee waived for the First Year)

STORE NAME _____

STORE ADDRESS _____

CITY _____ TX. ZIP CODE _____ COUNTY _____

STORE PHONE _____ FAX _____

YOUR NAME _____

EMAIL ADDRESS _____ MOBILE _____

DO YOU HAVE GAS? YES NO IF YES, BRANDED NON-BRANDED
(Please check applicable box)

IF BRANDED, WHICH BRAND _____

IS THE STORE A MEMBER OF S.T.M.A., I. B.C., A.B.G., OR ANY OTHER TRADE GROUP YES NO
*If checked YES, you cannot join ACSR unless you terminate your membership in that group.
If you would like to join ACSR, please sign the attached letter and enclose it with your application.*

BUSINESS OWNED BY (Please check applicable box)

SOLE PROPRIETOR CORPORATION PARTNERSHIP

NAME OF THE CORPORATION
OR PARTNERSHIP _____

NO. OF STORES _____ HOW LONG IN BUSINESS _____

YOUR POSITION IN CORPORATION*
OR PARTNERSHIP** _____

*You must be an authorized officer to sign on behalf of the corporation
**You must be an authorized partner to sign on behalf of the partnership

MAILING ADDRESS _____
(If different from store address and you would like to receive mail at this address)

CITY _____ TX. ZIP CODE _____

NAME, POSITION & CONTACT NUMBER OF ALTERNATE AUTHORIZED PERSON

T.I.N. (EIN) # (CORPORATION OR PARTNERSHIP)

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OR

SOCIAL SECURITY # (SOLE PROPRIETOR)

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SALES TAX PERMIT #

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PLEASE ATTACH A COPY OF SALES TAX PERMIT

BY SIGNING BELOW:

I confirm that I meet the eligibility requirement(s) for membership. The information provided by me on the Membership Application is true and correct to the best of my knowledge and belief. I understand that providing incorrect information and/or failure to abide by the Bylaws and Rules of the Association might result in termination of my membership from the Association. I undertake to keep the Association fully informed of any changes at all times and shall protect, indemnify and save harmless the Association, its officers, employees and agents against any and all loss, damage, or liability due to any of my act, omission or negligence. I shall not hold the Association, its officers, employees, or agents liable for any loss, damage or liability incurred by me due to any act or omission on their part in the execution of their duties as long as it is in good faith.

Date: _____ _____
SIGNATURE

W-9 - Request for Taxpayer Identification Number and Certification

CORPORATION NAME** _____
 (as shown on your income tax return)
 ** If tax ID is issued under sole proprietorship, please print the owner's name.

BUSINESS NAME (DBA) _____
 (if different from above)

Check appropriate box:

INDIVIDUAL/SOLE PROPRIETOR CORPORATION PARTNERSHIP

ADDRESS _____

CITY _____ TX, ZIP CODE _____

PART I

Enter your TIN (EIN) in the appropriate box. For individuals, this is your social security number (SSN)

TIN

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 SS#

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PART II - CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) The IRS has notified me that I am no longer subject to backup withholding (Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.)
- 3 I am a U.S. person (including a U.S. resident alien).
- 4 I have read, understood and agree to abide by the rules and regulations of the Association.

SIGNATURE _____ Date _____

NOTE: PLEASE ALLOW 5-7 BUSINESS DAYS TO PROCESS YOUR APPLICATION TO RECEIVE THE BENEFITS FROM THE VENDORS UNDER THE ACSR DEALS.

PLEASE MAIL THE COMPLETED APPLICATION WITH COPY OF SALES TAX PERMIT TO:

**ASSOCIATION OF CONVENIENCE STORE RETAILERS
 9502 COMPUTER DR. SUITE # 111
 SAN ANTONIO, TX 78229**

PHONE (210) 692-3100 FAX (210) 692-3101

The Secretary
Association of Convenience Store Retailers
9502 Computer Drive, Suite #111
San Antonio, TX 78229

Date _____

Dear Sir:

This is to inform you that the following store was a member of:

IBC STMA ABG SUNBELT OTHER TRADE GROUP
(Please check the applicable box)

STORE NAME _____
(PLEASE PRINT)

ADDRESS _____

PHONE NO. _____

This is to advise you in writing that the above-named store has terminated its membership in the group/association (checked box) with immediate effect.

As of the date of this letter the store has decided to join Association of Convenience Store Retailers and confirms that it does not belong to any other similar group or association.

You are hereby authorized to advise any and all vendor(s) to delete the above-noted store from the membership of any group/association and include it in the ACSR membership entitling it to receive benefits under the ACSR deals.

YOUR NAME _____
(PLEASE PRINT)

YOUR POSITION _____
(PLEASE PRINT)

SIGNATURE

Date _____

Texas Sales and Use Tax Resale Certificate

Name of purchaser, firm or agency as shown on permit	Phone (Area code and number)
Address (Street & number, P.O. Box or Route number)	
City, State, ZIP code	
Texas Sales and Use Tax Permit Number (must contain 11 digits)	
<div style="border: 1px solid black; width: 250px; height: 20px; margin: 0 auto;"></div>	
Out-of-state retailer's registration number or Federal Taxpayers Registry (RFC) number for retailers based in Mexico	
<div style="border: 1px solid black; width: 250px; height: 20px; margin: 0 auto;"></div> (Retailers based in Mexico must also provide a copy of their Mexico registration form to the seller.)	

I, the purchaser named above, claim the right to make a non-taxable purchase (for resale of the taxable items described below or on the attached order or invoice) from:

Seller: _____

Street address: _____

City, State, ZIP code: _____

Description of items to be purchased on the attached order or invoice:

Description of the type of business activity generally engaged in or type of items normally sold by the purchaser:

The taxable items described above, or on the attached order or invoice, will be resold, rented or leased by me within the geographical limits of the United States of America, its territories and possessions or within the geographical limits of the United Mexican States, in their present form or attached to other taxable items to be sold.

I understand that if I make any use of the items other than retention, demonstration or display while holding them for sale, lease or rental, I must pay sales tax on the items at the time of use based upon either the purchase price or the fair market rental value for the period of time used.

I understand that it is a criminal offense to give a resale certificate to the seller for taxable items that I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease or rental, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

 Purchaser	Title	Date
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This certificate should be furnished to the supplier.
Do not send the completed certificate to the Comptroller of Public Accounts.